

	<p>Virginia Department of Agriculture &amp; Consumer Services          State Veterinarian - Division of Animal Industry Services          P. O. Box 1163          Richmond, VA 23218          804-786-2481 Fax: 804-371-2380</p>	<h2 style="text-align: center;">Agricultural Animal Seizure Report</h2> <p style="text-align: center;"><i>This form is to be completed and submitted to the Office of the State Veterinarian within five days of an agricultural animal seizure in accordance with ' 3.1-796.115 of the Code of Virginia.</i></p>
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Date of Seizure	Time of Arrival	Time of Departure
	<div>AM</div> <div>PM</div>	<div>AM</div> <div>PM</div>

<b>Owner=s Name &amp; Address</b>	Telephone:
	Owner Notified: ___Yes ___No <i>If no, name and phone number of individual contacted</i>

<b>Location of animals (Give directions):</b>
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<b>Reason for seizure:</b>
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<b>Condition of animal(s):</b>
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Seized Animal Information					
Species	No. of Animals	Breed	Sex	Approximate Weight	Other Identification

<b>Location/Address of animal impoundment</b>		Owner=s property		Other property ( <i>specify</i> )

Veterinary Practitioner Contacted ( <i>Name, address, telephone</i> )	Date Contacted	Time Contacted
		AM      PM
Recommendations		

Commonwealth Attorney Contacted ( <i>Name, address, telephone</i> )	Date Contacted	Time Contacted
		AM      PM

Disposition of animal(s)

Additional Comments

Signature of Official Conducting Seizure			
Printed Name		Date	
Address		Telephone	